

# CITY OF SANT A FE

## ADMINISTRATIVE MANUAL

Originating Business Unit:

Safety

SUBJECT:



<b>Workplace Violence</b>	<b>Policy Number</b> 62103-7-1	<b># Pages</b> 04
	<b>Effective Date</b> 10-29-1999	<b>Revision Date</b> 06-16-2005

### 1.0 PURPOSE:

- 1.1 To define behavior which constitutes workplace violence, provide procedures for reporting and investigating incidents of workplace violence, and to provide for and inform employees of the consequences of such behavior.

### 2.0 APPLICABLE TO:

- 2.1 All employees.

### 3.0 REFERENCES:

- 3.1 U.S. Department of Labor, Occupational Safety & Health Administration, Workplace Violence Fact Sheet.

### 4.0 DEFINITIONS:

- 4.1 "Workplace" means any location, either permanent or temporary, whether owned or controlled by the City or not, where a City employee performs any work-related duty.
- 4.2 "Workplace violence" means threatened or actual violence in the workplace. It includes but is not limited to the following types of behavior:
  - Physically fighting, including punching, pushing, shoving, hitting, kicking, slapping and any other physical contact which is not consented to and is intended to cause harm to another person.
  - Invitations to fight.
  - Possessing firearms, explosives, or other weapons that are intended by their design or function to inflict bodily injury (unless authorized to do so by the City).
  - Verbal or written threats of violence made towards another person or a person's property which creates a reasonable fear in that person that such violence is imminent or probable.

- Any intentional display of force or other act(s) that would give a person reason to fear or expect immediate bodily harm.
- Willfully destroying City property or the property of other city employees or others engaged in City business.

4.3 "Aggressor" means the individual who initiates any instance of workplace violence

## 5.0 POLICY:

- 5.1 This policy establishes a zero tolerance standard for workplace violence. The City will make every reasonable effort to prevent violence in the workplace from occurring, and will properly discipline employees who engage in workplace violence.
- 5.2 Workplace violence will not be tolerated; that is, all reports of incidents will be taken seriously and will be dealt with appropriately.

## 6.0 PROCEDURES:

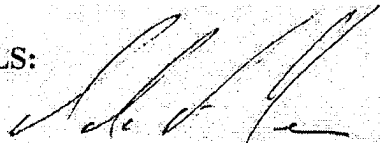
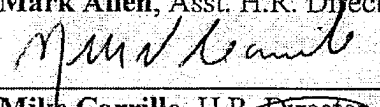
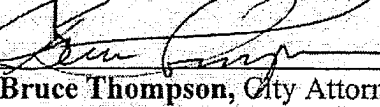
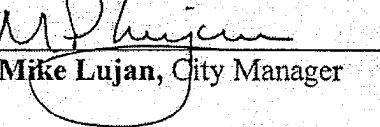
- 6.1 All employees who experience or witness workplace violence, whether or not physical injury has occurred, are required to verbally report the incident immediately to the supervisor in the area where the violent incident occurred. **In emergency situations the police should be contacted immediately by dialing 911.** Employees are encouraged to complete an Incident Report Form and return it to their supervisor or to the Human Resources Director as soon as possible.
- 6.2 The area supervisor shall immediately assess the situation and contact the police and emergency medical personnel if warranted by the circumstances.
- 6.3 As soon as possible, the area supervisor shall verbally report the violent incident to the Human Resources Director and the City Manager. If an Incident Report Form has not been completed by the employee, the area supervisor shall complete the Incident Report Form and forward the report to the Human Resources Director.
- 6.4 The area supervisor may request and encourage mental health treatment for victimized employees and employees who may be traumatized by witnessing a workplace violence incident by contacting the Employee Assistance Program.
- 6.5 Disciplinary action will be conducted in accordance with the applicable Personnel Rules, administrative policies, and any applicable collective bargaining agreement. Disciplinary action may include transfer, written reprimand, suspension, demotion, or termination of employment.

- 6.9 Retaliation for having filed a complaint or for having participated in an investigation under this policy is prohibited.
- 6.10 The Human Resources Department will conduct one follow up inquiry within the six months after the corrective and/or disciplinary action is taken to ensure that no further or additional instances of workplace violence by the same aggressor have occurred, and that the complaining party and/or the victim has not experienced retaliation for filing the complaint. Employees have a responsibility to report any retaliation immediately to the Human Resources Director.
- 6.11 If an investigation finds the allegation of workplace violence to be unsubstantiated, the Human Resources Director will notify the complaining party, the alleged victim, and the alleged aggressor in writing, summarizing the results of the investigation and stating clearly that no disciplinary action is warranted.

**7.0 APPENDIXES:**

- 7.1 Incident Report Form.

**8.0 REVIEW AND APPROVALS:**

- 8.1 PREPARED BY:  6-16-05  
Mark Allen, Asst. H.R. Director DATE
- 8.2 REVIEWED BY:  6/16/05  
Mike Carrillo, H.R. Director DATE
- 8.3 REVIEWED BY:  6/16/05  
Bruce Thompson, City Attorney DATE
- 8.4 APPROVED BY:  6-17-05  
Mike Lujan, City Manager DATE

## INCIDENT REPORT FORM

1. Victim's name: \_\_\_\_\_ Home phone \_\_\_\_\_

2. Victim's address: \_\_\_\_\_

3. Department/Division/Section: \_\_\_\_\_

4. Victim's job title: \_\_\_\_\_ Work phone \_\_\_\_\_

5. Victim's work site: \_\_\_\_\_

6. Incident date: \_\_\_\_\_ Time: \_\_\_\_\_

7. Incident location (if different from victim's work site): \_\_\_\_\_

8. Time area supervisor was notified: \_\_\_\_\_ By whom? \_\_\_\_\_

9. Name of alleged aggressor: \_\_\_\_\_ Home phone: \_\_\_\_\_

10. Alleged aggressor's address: \_\_\_\_\_

11. Alleged aggressor's job title: \_\_\_\_\_ Work phone \_\_\_\_\_

12. Department/Division/Section: \_\_\_\_\_

13. Alleged aggressor's work site: \_\_\_\_\_

14. Briefly describe violent incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Did incident involve a weapon? Yes No Specify: \_\_\_\_\_ Was victim injured? Yes No  
If yes, briefly describe injury and treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Were police called? Yes No If yes, which police department? \_\_\_\_\_  
Police report number: \_\_\_\_\_ Attach a copy of police report.

17. Names, departments, position titles, work phone numbers, of witnesses, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Who did area supervisor verbally report incident to? \_\_\_\_\_

19. Name of area supervisor: \_\_\_\_\_ Job title: \_\_\_\_\_

20. Department/Division/Section: \_\_\_\_\_ Work phone: \_\_\_\_\_

21. Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_